



## **Ninilchik Traditional Council**

Indian Housing Programs

P.O. Box 39070

Ninilchik, AK 99639

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# **DRAFT** **2014 Annual Performance Report**

December 8, 2014

Dear Area Residents,

Every year as part of the Annual Performance Report (APR) we the Ninilchik Indian Housing Programs must solicit for Public comments concerning the Ninilchik Traditional Council's Indian Housing Programs for that fiscal year. This is your chance as the public to comment on our performance for this last year. This includes the good as well as the bad. You may also use this as a means of saying what you would like to see from the Ninilchik Indian Housing Programs in the future.

All comments that are received will be summarized and will become part of the final record of the 2014 Annual Performance Report.

The deadline for submitting comments is 5:00 pm December 26<sup>th</sup>, 2014. Comments must be submitted by letter, fax or email. All comments regardless of which method it is sent by, it must be headed as "APR Comment Submission".

The Ninilchik Indian Housing Programs thanks you for letting us be a part of helping and changing peoples lives with its programs. Any and all input is appreciated and the Council will review all that are received.

If you would like a copy of the 2014 APR you may go to our website and download a copy at: <http://www.ninilchiktribe-nsn.gov/wp-content/uploads/Ninilchik-2014-IHP.pdf>, or one can be picked up here at the Ninilchik Traditional Council building or call and one can be either emailed or sent to you. Our hours are 9 am to 5 pm, Monday through Friday. We are located in the log cabin building across the street from the General Store in Ninilchik. If you should have any further questions please feel free to contact Bob Crosby at the above mentioned means.

Sincerely,

Bob Crosby / Housing Director  
Ninilchik Indian Housing Programs





## SECTION 1: COVER PAGE

(1) Grant Number: 55IT0211300

(2) Recipient Program Year: 10/1 - 9/30

(3) Federal Fiscal Year: 2014

☒ (4) Initial Plan (Complete this Section then proceed to Section 2)

☐ (5) Amended Plan (Complete this Section, Section 8 if applicable, and Section 16)

☐ (6) Annual Performance Report (Complete items 27-30 and proceed to Section 3)

☒ (7) Tribe

☐ (8) TDHE

<b>(9) Name of Recipient:</b> Ninilchik Village Tribe		
<b>(10) Contact Person:</b> Bob Crosby		
<b>(11) Telephone Number with Area Code:</b> 907 567-3313 ex: 2103		
<b>(12) Mailing Address:</b> P.O. Box 39070		
<b>(13) City:</b> Ninilchik	<b>(14) State:</b> AK	<b>(15) Zip Code:</b> 99639
<b>(16) Fax Number with Area Code (if available):</b> 907 567-3308		
<b>(17) Email Address (if available):</b> Bob@NinilchikTribe-nsn.gov		
<b>(18) If TDHE, List Tribes Below:</b>		
<b>(19) Tax Identification Number:</b> 920069906		
<b>(20) DUNS Number:</b> 614159697		
<b>(21) CCR/SAM Expiration Date:</b> July 1, 2015		

(22) IHBG Fiscal Year Formula Amount:	\$344,124
(23) Name of Authorized IHP Submitter:	Richard G. Encelewski
(24) Title of Authorized IHP Submitter:	President
(25) Signature of Authorized IHP Submitter:	
(26) IHP Submission Date:	6/20/2013
(27) Name of Authorized APR Submitter:	Richard G. Encelewski
(28) Title of Authorized APR Submitter:	President
(29) Signature of Authorized APR Submitter:	
(30) APR Submission Date:	

**Certification:** The information contained in this document is accurate and reflects the activities actually planned or accomplished during the program year. Activities planned and accomplished are eligible under applicable statutes and regulations.

**Warning:** If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosure of information, including intentional disclosure, is subject to a civil money penalty not to exceed \$10,000 for each violation.

# ONE YEAR PLAN & ANNUAL PERFORMANCE REPORT

## SECTION 2: HOUSING NEEDS

NAHASDA § 102(b)(2)(B)

**(1) Type of Need:** Check the appropriate box(es) below to describe the estimated types of housing needs and the need for other assistance for low-income Indian families (column B) and all Indian families (column C) inside and outside the jurisdiction.

(A) Type of Need	Check All That Apply	
	(B) Low-Income Indian Families	(C) All Indian Families
(1) Overcrowded Households	<input type="checkbox"/>	<input type="checkbox"/>
(2) Renters Who Wish to Become Owners	<input type="checkbox"/>	<input type="checkbox"/>
(3) Substandard Units Needing Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>
(4) Homeless Households	<input type="checkbox"/>	<input type="checkbox"/>
(5) Households Needing Affordable Rental Units	<input type="checkbox"/>	<input type="checkbox"/>
(6) College Student Housing	<input type="checkbox"/>	<input type="checkbox"/>
(7) Disabled Households Needing Accessibility	<input type="checkbox"/>	<input type="checkbox"/>
(8) Units Needing Energy Efficiency Upgrades	<input type="checkbox"/>	<input type="checkbox"/>
(9) Infrastructure to Support Housing	<input type="checkbox"/>	<input type="checkbox"/>
(10) Other (specify below)	<input type="checkbox"/>	<input type="checkbox"/>

**(2) Other Needs.** (Describe the "Other" needs below. Note: this text is optional for all needs except "Other.):

NA

**(3) Planned Program Benefits.** *(Describe below how your planned programs and activities will address the needs of low income families identified above. Also describe how your planned programs will address the various types of housing assistance needs. NAHASDA § 102(b)(2)(B)):*

The Ninilchik Tribe's mission to the people of the Ninilchik Indian area is to promote self-sufficiency through the development of affordable, safe and decent housing opportunities for eligible Alaska Natives/ American Indians residing within the Ninilchik Tribal boundaries.

Housing Program services will be provided to those qualified low-income Alaskan Native / American Indians that reside within Tribal Service Boundaries, meet program policies and have met application requirements.

**Homeownership Program:**

By building homes we will give our low-income AN/AI families a sound boost up in life, by providing them with a safe and energy efficient home.

There will be one home built per grant year for a verified low-income AN/AI family.

**Rehabilitation & Weatherization Programs:**

Promote safe and decent housing through Rehabilitation

And greater Energy Efficiency through Weatherization.

**Emergency Assistance :**

Providing Emergency funds to families who are in danger of becoming homeless through such means as: foreclosure, repossession, rental assistance for a limited time, disconnect or loss of main utilities or lack of primary heating source during the winter months.

**Snow-Removal Program:**

By providing Snow Removal and Sanding of driveways, we are promoting self-independence and safety to our Elders and Disabled families, by allowing them safe access to and from their homes during the winter months.

**Administration funds:**

Using budgeted Administration funds, the Ninilchik Indian Housing Programs will provide Housing Programs Staff with funding for salaries, travel, consumable and non-consumable supplies and attend trainings that are offered to further educate the Housing Staff with housing related issues needed to provide services to eligible low-income Alaskan Natives and American Indians within our Tribal service area.

**(4) Geographic Distribution.** *(Describe below how the assistance will be distributed throughout the geographic area and how this geographic distribution is consistent with the needs of low income families. NAHASDA § 102(b)(2)(B)(i)):*

The Ninilchik Indian area is located on the Kenai Peninsula, and is one of the eight federally recognized tribes within the Cook Inlet area.

The geographic area is to be the same as the Federally Recognized Ninilchik Tribal Boundary area, a brief description is as follows: South side of Kasilof bridge to the highest point on Mt Redoubt Volcano to the farthest land at mean tide south of the Homer spit, Southernmost point of Fox Lake and the Westernmost point of Caribou Island back to the south side of the Kasilof bridge.

The Ninilchik Indian Programs will provide services to those families that have applied, provided all necessary information and have met the programs requirements.

Advertising of Housing Programs shall be done by using local Radio's Public Service Announcements. This has shown to attract the widest audience about our different Housing Programs.

Currently on our Tribal Website, we have brief descriptions of all our Housing Program's, along with the applications available in PDF format for immediate download for interested families

## SECTION 3: PROGRAM DESCRIPTIONS

NAHASDA §§ 102(b)(2)(A), 233(a), 235(c), 404(b); 24 CFR §1000.512

### Planning and Reporting Program Year Activities

For the IHP, the purpose of this section is to describe each program that will be operating during the 12-month program year. Each program must include the eligible activity, its planned outputs, intended outcome, who will be assisted, and types and levels of assistance. Each of the eligible activities has a specific, measurable output. The first column in the table below lists all eligible activities, the second column identifies the output measure for each eligible activity, and the third column identifies when to consider an output as completed for each eligible activity.

For the APR, the purpose of this section is to describe your accomplishments, actual outputs, actual outcomes, and any reasons for delays.

**Eligible Activity May Include** (*citations below all reference sections in NAHASDA*) :

Eligible Activity	Output Measure	Output Completion
(1) Modernization of 1937 Act Housing [202(1)]	Units	All work completed and unit passed final inspection
(2) Operation of 1937 Act Housing [202(1)]	Units	Number of units in inventory at Program Year End (PYE)
(3) Acquisition of Rental Housing [202(2)]	Units	When recipient takes title to the unit
(4) Construction of Rental Housing [202(2)]	Units	All work completed and unit passed final inspection
(5) Rehabilitation of Rental Housing [202(2)]	Units	All work completed and unit passed final inspection
(6) Acquisition of Land for Rental Housing Development [202(2)]	Acres	When recipient takes title to the land
(7) Development of Emergency Shelters [202(2)]	Households	Number of households served at any one time, based on capacity of the shelter
(8) Conversion of Other Structures to Affordable Housing [202(2)]	Units	All work completed and unit passed final inspection
(9) Other Rental Housing Development [202(2)]	Units	All work completed and unit passed final inspection
(10) Acquisition of Land for Homebuyer Unit Development [202(2)]	Acres	When recipient takes title to the land
(11) New Construction of Homebuyer Units [202(2)]	Units	All work completed and unit passed final inspection
(12) Acquisition of Homebuyer Units [202(2)]	Units	When recipient takes title to the unit
(13) Down Payment/Closing Cost Assistance [202(2)]	Units	When binding commitment signed
(14) Lending Subsidies for Homebuyers (Loan) [202(2)]	Units	When binding commitment signed
(15) Other Homebuyer Assistance Activities [202(2)]	Units	When binding commitment signed

(16) Rehabilitation Assistance to Existing Homeowners [202(2)]	Units	All work completed and unit passed final inspection
(17) Tenant Based Rental Assistance [202(3)]	Households	Count each household once per year
(18) Other Housing Service [202(3)]	Households	Count each household once per year
(19) Housing Management Services [202(4)]	Households	Count each household once per year
(20) Operation and Maintenance of NAHASDA-Assisted Units [202(4)]	Units	Number of units in inventory at PYE
(21) Crime Prevention and Safety [202(5)]	Dollars	Dollars spent (report in Uses of Funding table only)
(22) Model Activities [202(6)]	Dollars	Dollars spent (report in Uses of Funding table only)
(23) Self-Determination Program [231-235]		
Acquisition	Units	When recipient takes title to the unit
Construction	Units	All work completed and unit passed final inspection
Rehabilitation	Units	All work completed and unit passed final inspection
Infrastructure	Dollars	Dollars spent (report in Uses of Funding table only)
(24) Infrastructure to Support Housing [202(2)]	Dollars	Dollars spent (report in Uses of Funding table only)
(25) Reserve Accounts [202(9)]	N/A	N/A

#### Outcome May Include:

(1) Reduce over-crowding	(7) Create new affordable rental units
(2) Assist renters to become homeowners	(8) Assist affordable housing for college students
(3) Improve quality of substandard units	(9) Provide accessibility for disabled/elderly persons
(4) Improve quality of existing infrastructure	(10) Improve energy efficiency
(5) Address homelessness	(11) Reduction in crime reports
(6) Assist affordable housing for low income households	(12) Other – must provide description in boxes 1.4 (IHP) and 1.5 (APR) below

#### IHP: PLANNED PROGRAM YEAR ACTIVITIES (NAHASDA § 102(b)(2)(A))

For each planned activity, complete all the non-shaded sections below. It is recommended that for each program name you assign a unique identifier to help distinguish individual programs. This unique number can be any number of your choosing, but it should be simple and clear so that you and HUD can track tasks and results under the program and collect appropriate file documentation tied to this program.

- One way to number your programs is chronologically. For example, you could number your programs 2011-1, 2011-2, 2011-3 etc.
- Or, you may wish to number the programs based on type. For example rental 1, rental 2, homebuyer1, homebuyer 2 etc. This type of numbering system might be appropriate if you have many programs that last over several years.
- Finally, you may wish to use an outline style of numbering. For example, all programs under your first eligible activity would start with the number 1 and then be consecutively numbered as 1.1, 1.2, 1.3 etc.



**APR: REPORTING ON PROGRAM YEAR PROGRESS (NAHASDA § 404(b))**

Complete the shaded section of text below to describe your completed program tasks and actual results. Only report on activities completed during the 12-month program year. Financial data should be presented using the same basis of accounting as the Schedule of Expenditures of Federal Awards (SEFA) in the annual OMB Circular A-133 audit. For unit accomplishments, only count units when the unit was completed and occupied during the year. For households, only count the household if it received the assistance during the previous 12-month program year.

<b>1.1. Program Name and Unique Identifier:</b>	<b>Homeownership Program = Unique Identifier: HC-2014</b>
<b>1.2. Program Description</b> ( <i>This should be the description of the planned program.</i> ):	
The Homeownership program aims to provide safe and decent housing through either acquisition or building of new homes. Housing that we build are to be built to the 5 star plus BEE's energy efficiency rating, and built to current fire and safety and plumbing codes. We will build homes verses acquiring homes because most homes located within our service area were built without safety or fire codes in place, and are safety hazards or falling apart and would end up not lasting the life of the mortgage. Newer constructed built homes that are built to current fire and safety codes. Homes may be acquired- if they pass a current Building Engineer's Inspection, is built to 5star plus BEE's energy efficiency rating and was built using all current fire and safety codes. We will build or buy and give to that qualified family, one interest free, zero down, home per grant year. This mortgage payback will be: one half the total development building cost of the home, to the low-income AN/AI that meets the qualifications established by NAHASDA and the Ninilchik Indian Housing Programs policies.	
<b>1.3. Eligible Activity Number</b> ( <i>Select one activity from the Eligible Activity list. Do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.</i> ):	11
<b>1.4. Intended Outcome Number</b> ( <i>Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.</i> ):	12
<b>Describe Other Intended Outcome</b> (Only if you selected "Other" above):	
By building new-constructed homes, we will provide safe, affordable and energy efficient homes, saving money for our low-income AN/AI families and helping the environment by minimizing energy usage within the home.	
<b>1.5. Actual Outcome Number</b> ( <i>In the APR identify the actual outcome from the Outcome list.</i> ):	12
<b>Describe Other Actual Outcome</b> (Only if you selected "Other" in above):	
Actual Outcome was what was intended and described in the submitted IHP. ( We built 2 new-constructed homes that do provide safe, affordable and energy efficiency by being of 5 star plus rating, saving money for the low-income families and helping the environment by minimizing energy usage within the home.)	

**1.6. Who Will Be Assisted** (Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a separate program within this section.):

The Tribe has established its Homeownership Program for low-income AN/AI families with median incomes at or below the 80% median established for the Kenai Peninsula Borough & residing within the Tribal Boundary Service Area. Applicants must not have not owned a home within the last five years, have no outstanding debt to warrant a home being taken away in a lawsuit and has kept their information current since being added to the list.

**1.7. Types and Level of Assistance** (Describe the types and the level of assistance that will be provided to each household, as applicable.):

A new 3 bedroom, 2 bath energy efficient home for a qualified low income family.

Level of assistance is: Consistent with program policies- Zero down payment. No interest. 30 year mortgage, and which can be adjusted to accommodate for families financial circumstances. Half of what the total development cost is, is owed to the Tribe, as long as family does not default.

Planned. During FY-14, the Tribe plans to build 2 affordable 3 bedrooms, energy efficient homes, for 2 verified low-income Alaskan Native or American Indian families within the Ninilchik Tribe's service area

**1.8. APR:** Describe the accomplishments for the APR in the 12-month program year. In accordance with 24 CFR § 1000.512(b)(3), provide an analysis and explanation of cost overruns or high unit costs.

The two homes that began construction last fiscal year were completed this fiscal year with both families moving in by Thanksgiving, 2014.

Two other homes were started FY-14 and will be completed with families both moving in around Thanksgiving 2014, FY-15.

**1.9: Planned and Actual Outputs for 12-Month Program Year**

Planned Number of <b>Units</b> to be Completed in Year Under this Program	Planned Number of <b>Households</b> To Be Served in Year Under this Program	Planned Number of <b>Acres</b> To Be Purchased in Year Under this Program
2		
APR: Actual Number of <b>Units</b> Completed in Program Year	APR: Actual Number of <b>Households</b> Served in Program Year	APR: Actual Number of <b>Acres</b> Purchased in Program Year
2		

**1.10: APR:** If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2))

NA

<b>2.1. Program Name and Unique Identifier:</b>	<b>Rehabilitation Program = Unique Identifier:</b> <b>RH- 2014</b>	
<b>2.2. Program Description</b> <i>(This should be the description of the planned program.):</i>		
<p>The Mod/Rehab Program is a once in a lifetime grant to help eligible low-income AN/AI families on their primary home only. It is needed for improving substandard homes in the Ninilchik Tribal service area. This program provides improvements to homes in need of structural repair, insufficient living space, electrical re-wiring/ plumbing, upgrades or installation of appliances to ensure safety, energy efficiency, lack of running water, sewer and septic, accessibility and livability construction changes to meet the needs for senior's, handicap or disabled family members.</p> <p>By providing upgrades to existing homes we will enable the homes to have a longer useful life, be more structurally sound and safer for the occupants. Additions may be provided that will provide more room for the occupants and their families to live in comfort, instead of a cramped environment.</p>		
<b>2.3. Eligible Activity Number</b> <i>(Select one activity from the Eligible Activity list. Do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):</i>	16	
<b>2.4. Intended Outcome Number</b> <i>(Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):</i>	4	
<b>Describe Other Intended Outcome</b> <i>(Only if you selected "Other" above):</i>		
NA		
<b>2.5. Actual Outcome Number</b> <i>(In the APR identify the actual outcome from the Outcome list.):</i>		4
<b>Describe Other Actual Outcome</b> <i>(Only if you selected "Other" above):</i>		
<b>2.6. Who Will Be Assisted</b> <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):</i>		

Rehab Program is for qualified low-income AN/AI families primary owned home, with median incomes at or below the 80% median established for the Kenai Peninsula Borough & residing within the Tribal Boundary Service Area consistent with program policies.

Mod/Rehab Program is up to the total limit of \$30,000, a once in a lifetime program for verified low-income Alaskan Native/ American Indians that resided within the Ninilchik Tribal Service area. Work will not be started prior to passing the Environmental Review.

**2.7. Types and Level of Assistance** *(Describe the types and the level of assistance that will be provided to each household, as applicable.):*

NIHP has determined that to deal with the lead based paint regulations, we will only work on homes built after 1978, unless the homeowner can provide a valid certificate of no lead based paint within the home, or if the work to be done will not disturb any painted surfaces.

Work will be put out for bid through the NTC Procurement Dept. using procedures and policies established for procuring a Contractor. No funds will be spent prior to the Environmental Review being completed. Applicants are based upon a completed application with first come first served basis, pending verification of eligibility and availability of funds. Exception to this will only be given in an immediate safety concern or due to natural disaster.

Modular / Manufactured homes built to HUD Standards, may apply for the full grant amount only if manufactured after 1990 and can provide proof of age with title or compliance certificate. Must be on sound foundation, not jacks, wood or concrete blocks. Unless grant will be used to put the home on a sound foundation.

All others Modular / Manufactured homes built before 1990 but after 1980 are eligible for a maximum \$10,000 grant amount, if they meet the following: provide proof of age as listed above, be on sound foundation.

All other Modular / Manufactured homes falling outside of these parameters are not eligible for the Rehab Program's assistance.

Guidelines are:

\$0-\$5,000.00 No right to lien on home or repayment will be expected from applicant.

\$5,001.00-\$30,000.00 2 year right to lien if triggered. No payment is required within the 2 years unless you sell or rent to other than a low-income AN/AI, within the stated time frame. NIHP Staff must conduct verification of such

**2.8. APR:** *Describe the accomplishments for the APR in the 12-month program year.*

With the Rehab Program we conducted two jobs for verified low-income Alaskan Natives this fiscal year.

In Homer, Alaska we had Metal Roofing installed on a low-income Elder's home.

In Ninilchik, Alaska for an Elder, we installed an energy efficient forced air furnace, vinyl siding on exterior of home, water treatment system and a small generator to deal with the many power outages associated with this neighborhood.

**2.9: Planned and Actual Outputs for 12-Month Program Year**



Planned Number of <b>Units</b> to be Completed in Year Under this Program	Planned Number of <b>Households</b> To Be Served in Year Under this Program	Planned Number of <b>Acres</b> To Be Purchased in Year Under this Program
1		
APR: Actual Number of <b>Units</b> Completed in Program Year	APR: Actual Number of <b>Households</b> Served in Program Year	APR: Actual Number of <b>Acres</b> Purchased in Program Year
2		

**2.10: APR: If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2))**

NA

<b>3.1. Program Name and Unique Identifier:</b>	<b>Weatherization Program = Unique Identifier: WE-2014</b>	
<b>3.2. Program Description</b> <i>(This should be the description of the planned program.):</i>		
<p>The Weatherization Program is a grant for low-income AN/AI. Applicants are based upon a completed application with first come first served basis, pending verification of eligibility and availability of funds. Funding will provide insulation, skirting, sealants, thermal windows, doors or anything that will help make a home more heat efficient. We feel that this is a very important issue in protecting our Tribal people and one that will help lower their electric and fuel bills providing them the opportunity to forward themselves in other financial areas.</p> <p>Limit is \$2,000.00 per home/household every 5 years unless Council approves greater cost. Applicants can do their own work if they choose allowing the full funds to go into materials and not into paying for a Contractor. Work will be verified to insure that all materials obtained were used and that the guidelines agreed to in the application were met.</p>		
<b>3.3. Eligible Activity Number</b> <i>(Select one activity from the Eligible Activity list. Do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):</i>	16	
<b>3.4. Intended Outcome Number</b> <i>(Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):</i>	10	
<b>Describe Other Intended Outcome</b> <i>(Only if you selected "Other" above):</i>		
<b>3.5. Actual Outcome Number</b> <i>(In the APR identify the actual outcome from the Outcome list.):</i>		
<b>Describe Other Actual Outcome</b> <i>(Only if you selected "Other" above):</i>		
<b>3.6. Who Will Be Assisted</b> <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):</i>		
<p>Weatherization Program is for low-income AN/AI families primary owned home, with median incomes at or below the 80% median established for the Kenai Peninsula Borough &amp; residing within the Tribal Boundary Service Area.</p>		
<b>3.7. Types and Level of Assistance</b> <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>		

The Weatherization Program is for verified low-income Alaskan Native/ American Indians residing within the Ninilchik Tribal Service area. Limit is \$2,000.00 per home/household every 5 years unless Council approves greater cost. According to program policy, applicants do their own work and work will be verified to insure that all materials obtained from the Ninilchik Indian Housing Programs were used and that the guidelines agreed to in the application were met.

**3.8. APR:** *Describe the accomplishments for the APR in the 12-month program year.*

With the Weatherization Program we conducted one jobs for verified low-income Alaskan Natives this fiscal year.

In Kasilof, Alaska we installed a high efficiency wood stove into a family of three's home. This home's heating, hot water and cooking is run completely on propane, which is extremely expensive here in Alaska.

**3.9: Planned and Actual Outputs for 12-Month Program Year**

Planned Number of <b>Units</b> to be Completed in Year Under this Program	Planned Number of <b>Households</b> To Be Served in Year Under this Program	Planned Number of <b>Acres</b> To Be Purchased in Year Under this Program
2		
APR: Actual Number of <b>Units</b> Completed in Program Year	APR: Actual Number of <b>Households</b> Served in Program Year	APR: Actual Number of <b>Acres</b> Purchased in Program Year
1		

**3.10: APR:** *If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2))*

NA

<b>4.1. Program Name and Unique Identifier:</b>	<b>Emergency Assistance = Unique Identifier: EA-14</b>	
<b>4.2. Program Description</b> <i>(This should be the description of the planned program.):</i>		
<p>The Ninilchik Tribe's Emergency Assistance Program is targeted toward 80% or lower median low-income AN/AI living within the Tribal boundaries, in danger of becoming homeless. NOT those who are already homeless. Applicants who are in temporary living quarters qualify only if they have been homeless for 30 days or less.</p> <p>For housing related expenses such as: rent, security deposits, mortgages payments, foreclosures, heat assistance, utilities. All payments are made directly to the third-party vendors only. No direct cash payments will be made to the applicants. Processing of an approved request takes approximately ten (10) days after a completed application has been turned in. Must have income sources secured for the following month and rent cannot be higher than income.</p> <p>Priority for applicants are based upon a completed application with first come first served basis, pending verification of eligibility and availability of funds.</p>		
<b>4.3. Eligible Activity Number</b> <i>(Select one activity from the Eligible Activity list. Do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):</i>	18	
<b>4.4. Intended Outcome Number</b> <i>(Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):</i>	12	
<b>Describe Other Intended Outcome</b> <i>(Only if you selected "Other" above):</i>		
(12) Other: To prevent homelessness.		
<b>4.5. Actual Outcome Number</b> <i>(In the APR identify the actual outcome from the Outcome list.):</i>		12
<b>Describe Other Actual Outcome</b> <i>(Only if you selected "Other" above):</i>		
(12) Other: To prevent homelessness.		
<b>4.6. Who Will Be Assisted</b> <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):</i>		
Emergency Assistance Program is to provide emergency assistance for low-income AN/AI families, with median incomes at or below the 80% median established for the Kenai Peninsula Borough, that would be needed to prevent homelessness.		
<b>4.7. Types and Level of Assistance</b> <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>		



Provide emergency funds to families who are in danger of becoming homeless through such means as: foreclosure, repossession, rental assistance for a limited time, disconnects or loss of main utilities or lack of primary heating source during the winter months. Funding to assist in obtaining new rental housing because of unsafe or unhealthy living conditions caused by or through the home and not caused by or through the occupant. In extreme cases assistance may be issued to help in re-obtaining primary household goods due to loss in fire, earthquake or unexpected circumstances.

\$2,000.00 Limit. No more than 3 assists per year or \$2,000 total within a 2 year time period.

Priority for applicants are based upon a completed application with first come first served basis, pending verification of eligibility and availability of funds.

**4.8. APR: Describe the accomplishments for the APR in the 12-month program year.**

Three verified low-income Alaskan Native families were helped through the Emergency Program.

An Elder had medical complications and fell behind in their electrical payments.

A Mother and child had work hours cut due to time of season and fell behind in rent.

A disabled Elder on a fixed income, fell behind in bills due to a tenant moving out of the home.

**4.9: Planned and Actual Outputs for 12-Month Program Year**

Planned Number of <b>Units</b> to be Completed in Year Under this Program	Planned Number of <b>Households</b> To Be Served in Year Under this Program	Planned Number of <b>Acres</b> To Be Purchased in Year Under this Program
	5	
APR: Actual Number of <b>Units</b> Completed in Program Year	APR: Actual Number of <b>Households</b> Served in Program Year	APR: Actual Number of <b>Acres</b> Purchased in Program Year
	3	

**4.10: APR: If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2))**

NA

<b>5.1. Program Name and Unique Identifier:</b>	<b>Snow Removal Program = Unique Identifier: SR-14</b>	
<b>5.2. Program Description</b> <i>(This should be the description of the planned program.):</i>		
The Snow Removal Program is a Housing Service to promote self-sufficiency and independence for low-income AN/AI, Elderly/Disabled by providing safer access to and from their homes in the winter. This program is limited to those residences of affordable housing that have had prior assistance through one of our NAHASDA funded programs.		
<b>5.3. Eligible Activity Number</b> <i>(Select one activity from the Eligible Activity list. Do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):</i>		18
<b>5.4. Intended Outcome Number</b> <i>(Select one outcome from the Outcome list. Each program can have only one outcome. If more than one outcome applies, create a separate program for each outcome.):</i>		9
<b>Describe Other Intended Outcome</b> (Only if you selected "Other" above):		
<b>5.5. Actual Outcome Number</b> <i>(In the APR identify the actual outcome from the Outcome list.):</i>		9
<b>Describe Other Actual Outcome</b> (Only if you selected "Other" above):		
<b>5.6. Who Will Be Assisted</b> <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):</i>		
<p>Requirements are for Elderly 60 years of age or older, or Disabled with current disability insurance being provided through the Social Security Administration. Applicants must be within the Tribal boundaries service area and own and be living in the home the snow-removal is being provided to.</p> <p>Applicants must fall within the 80% median income guidelines, must of had prior NAHASDA funded assistance through one of the other Ninilchik Indian Housing Programs.</p>		
<b>5.7. Types and Level of Assistance</b> <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>		
<p>To provide snow-plowing, removal and sanding as needed to allow applicants safe access to and from their homes during the winter months.</p> <p>Program limit is \$700.00 in snow removal per fiscal year. Anything over this amount must be approved by Executive Director or Deputy CEO.</p>		

**5.8. APR:** Describe the accomplishments for the APR in the 12-month program year.

Four verified low-income Alaskan Native / American Indian, Elderly or Disabled families were helped through the Snow removal Program in FY-14.

**5.9: Planned and Actual Outputs for 12-Month Program Year**

Planned Number of <b>Units</b> to be Completed in Year Under this Program	Planned Number of <b>Households</b> To Be Served in Year Under this Program	Planned Number of <b>Acres</b> To Be Purchased in Year Under this Program
	5	
APR: Actual Number of <b>Units</b> Completed in Program Year	APR: Actual Number of <b>Households</b> Served in Program Year	APR: Actual Number of <b>Acres</b> Purchased in Program Year
	4	

**5.10: APR:** If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2))

NA

## SECTION 4: MAINTAINING 1937 ACT UNITS, DEMOLITION, AND DISPOSITION

NAHASDA §§ 102(b)(2)(A)(v), 102(b)(2)(A)(iv)(I-III)

**(1) Maintaining 1937 Act Units** (NAHASDA § 102(b)(2)(A)(v)) *(Describe specifically how you will maintain and operate your 1937 Act housing units in order to ensure that these units will remain viable.) :*

The Ninilchik Tribe has no 1937 Act housing units

**(2) Demolition and Disposition** (NAHASDA § 102(b)(2)(A)(iv)(I-III), 24 CFR 1000.134) Describe any planned demolition or sale of 1937 Act or NAHASDA-assisted housing units. If the recipient is planning on demolition or disposition of 1937 Act or NAHASDA-assisted housing units, be certain to include the timetable for any planned demolition or disposition and any other information that is required by HUD with respect to the demolition or disposition.

The Ninilchik Tribe has no plans on Demolition or Disposition during FY2014

## SECTION 5: BUDGETS

NAHASDA §§ 102(b)(2)(C), 404(b)

(1) Sources of Funding (NAHASDA § 102(b)(2)(C)(i), (404(b)) (Complete the non-shaded portions of the chart below to describe your estimated or anticipated sources of funding for the 12-month program year. **APR Actual Sources of Funding -- Please complete the shaded portions of the chart below to describe your actual funds received. Only report on funds actually received and under a grant agreement or other binding commitment during the 12-month program year.**)

SOURCE	IHP					APR					
	(A) Estimated amount on hand at beginning of program year	(B) Estimated amount to be received during 12-month program year	(C) Estimated total sources of funds (A+B)	(D) Estimated funds to be expended during 12-month program year	(E) Estimated unexpended funds remaining at end of program year (C-D)	(F) Actual amount on hand at beginning of program year	(G) Actual amount received during 12-month program year	(H) Actual total sources of funding (F+G)	(I) Actual funds expended during 12-month program year	(J) Actual unexpended funds remaining at end of 12-month program year (H - I)	(K) Actual unexpended funds obligated but not expended at end of 12-month program year
1. IHBG Funds	\$541,607	\$344,124	\$885,731	\$659,084	\$226,647	\$792,815	\$343,658	\$1,136,473	\$703,670	\$432,803	\$112,763
2. IHBG Program Income	\$0	\$0	\$0	\$0	\$0			\$0		\$0	
3. Title VI	\$0	\$0	\$0	\$0	\$0			\$0		\$0	
4. Title VI Program Income	\$0	\$0	\$0	\$0	\$0			\$0		\$0	
5. 1937 Act Operating Reserves	\$0		\$0	\$0	\$0			\$0		\$0	
6. Carry Over 1937 Act Funds	\$0		\$0	\$0	\$0			\$0		\$0	
LEVERAGED FUNDS											
7. ICDBG Funds	\$0	\$0	\$0	\$0	\$0			\$0		\$0	
8. Other Federal Funds	\$0	\$0	\$0	\$0	\$0			\$0		\$0	
9. LIHTC	\$0	\$0	\$0	\$0	\$0			\$0		\$0	
10. Non-Federal Funds	\$0	\$0	\$0	\$0	\$0			\$0		\$0	
TOTAL	\$541,607	\$344,124	\$885,731	\$659,084	\$226,647	\$792,815	\$343,658	\$1,136,473	\$703,670	\$432,803	\$112,763
TOTAL Columns C & H, 2 through 10			\$0					\$0			

### Notes:

- For the IHP, fill in columns A, B, C, D, and E (non-shaded columns). For the APR, fill in columns F, G, H, I, J, and K (shaded columns).
- Total of Column D should match the total of Column N from the Uses of Funding table below.
- Total of Column I should match the Total of Column Q from the Uses of Funding table below.
- For the IHP, describe any estimated leverage in Line 3 below (Estimated Sources or Uses of Funding). For the APR, describe actual leverage in Line 4 below.



(2) Uses of Funding (NAHASDA § 102(b)(2)(C)(ii)) (Note that the budget should not exceed the total funds on hand (Column C) and insert as many rows as needed to include all the programs identified in Section 3. **Actual expenditures in the APR section are for the 12-month program year.**)

PROGRAM NAME	IHP			APR		
	(L) Prior and current year IHBG (only) funds to be expended in 12-month program year	(M) Total all other funds to be expended in 12-month program year	(N) Total funds to be expended in 12-month program year (L+M)	(O) Total IHBG (only) funds expended in 12-month program year	(P) Total all other funds expended in 12-month program year	(Q) Total funds expended in 12-month program year (O+P)
Homeownership Program = Unique Identifier: HC-2014	\$520,584	\$0	\$520,584	\$551,552	\$0	\$551,552
Rehabilitation Program = Unique Identifier: RH-2014	\$30,000	\$0	\$30,000	\$47,029	\$0	\$47,029
Weatherization Program = Unique Identifier: WE-2014	\$2,000	\$0	\$2,000	\$1,864	\$0	\$1,864
Emergency Assistance = Unique Identifier: EA-14	\$10,000	\$0	\$10,000	\$4,290	\$0	\$4,290
Snow Removal Program = Unique Identifier: SR-14	\$3,000	\$0	\$3,000	\$1,325	\$0	\$1,325
Planning and Administration	\$93,500	\$0	\$93,500	\$97,610	\$0	\$97,610
Loan repayment - describe in 3 & 4 below	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL	\$659,084	\$0	\$659,084	\$703,670	\$0	\$703,670

**Notes:**

- Total of Column L cannot exceed the IHBG funds from Column C, Row 1 from the Sources of Funding table in Line 1 above.
- Total of Column M cannot exceed the total from Column C, Rows 2-10 from the Sources of Funding table in Line 1 above.
- Total of Column O cannot exceed total IHBG funds received in Column H, Row 1 from the Sources of Funding table in Line 1 above.
- Total of Column P cannot exceed total of Column H, Rows 2-10 of the Sources of Funding table in Line 1 above.
- Total of Column Q should equal total of Column I of the Sources of Funding table in Line 1 above.

**(3) Estimated Sources or Uses of Funding (NAHASDA § 102(b)(2)(C)).** *(Provide any additional information about the estimated sources or uses of funding, including leverage (if any). You must provide the relevant information for any planned loan repayment listed in the Uses of Funding table on the previous page. This planned loan repayment can be associated with Title VI or with private or tribal funding that is used for an eligible activity described in an IHP that has been determined to be in compliance by HUD. The text must describe which specific loan is planned to be repaid and the NAHASDA-eligible activity and program associated with this loan):*

NA

Add Bullet

<p><b>(4) APR (NAHASDA § 404(b))</b> <i>(Enter any additional information about the actual sources or uses of funding, including leverage (if any). You must provide the relevant information for any actual loan repayment listed in the Uses of Funding table on the previous page. The text must describe which loan was repaid and the NAHASDA-eligible activity and program associated with this loan.)</i></p>	<p>Add Bullet</p>
<p>We moved \$49,946 from Rehab and \$7,619 from Weatherization over to the Homeownership Prg.</p>	



## SECTION 6: OTHER SUBMISSION ITEMS

NAHASDA §§ 102(b)(2)(C)(ii), 201(b)(5), 202(6), 205(a)(2), 209

**(1) Useful Life/Affordability Period(s)** (NAHASDA § 205, 24 CFR § 1000.142) *(Describe your plan or system for determining the useful life/affordability period of the housing it assists with IHBG and/or Title VI funds must be provided in the IHP. A record of the current, specific useful life/affordability period for housing units assisted with IHBG and/or Title VI funds (excluding Mutual Help) must be maintained in the recipient's files and available for review for the useful life/affordability period.):*

Homeownership Projects and Rental Properties will remain affordable for 30 years or the life of the mortgage.

All Mod/Rehab Projects which are funded between \$5,000.01 to \$30,000.00 will remain affordable for 2 years after completion date.

All other projects under \$5,000.00 are granted and affordability will not apply.

**(2) Model Housing and Over-Income Activities** (NAHASDA § 202(6), 24 CFR § 1000.108) *(If you wish to undertake a model housing activity or wish to serve non-low-income households during the 12-month program year, those activities may be described here, in the program description section of the 1-year plan, or as a separate submission.):*

The Niniichik Housing Programs does not have any model projects planned at this time.

**(3) Tribal and Other Indian Preference** (NAHASDA § 201(b)(5), 24 CFR § 1000.120)

If preference will be given to tribal members or other Indian families, the preference policy must be described. This information may be provided here or in the program description section of the 1-year plan.

Does the Tribe have a preference policy? Yes ☐ No ☒

If yes, describe the policy.

**(4) Anticipated Planning and Administration Expenses** (NAHASDA § 102(b)(2)(C)(ii), 24 CFR § 1000.238)

Do you intend to exceed your allowable spending cap for Planning and Administration? Yes ☐ No ☒

If yes, describe why the additional funds are needed for Planning and Administration. For a recipient administering funds from multiple grant beneficiaries with a mix of grant or expenditure amounts, for each beneficiary state the grant amount or expenditure amount, the cap percentage applied, and the actual dollar amount of the cap.

Under the Reauthorization of NAHASDA, the Tribe is eligible to claim 30% of total grant.

**(5) Actual Planning and Administration Expenses** (NAHASDA § 102(b)(2)(C)(ii), 24 CFR § 1000.238)

Yes ☐ No ☒

Did you exceed your spending cap for Planning and Administration?

If yes, did you receive HUD approval to exceed the cap on Planning and Administration costs?

If you did not receive approval for exceeding your spending cap on planning and administration costs, describe the reason(s) for exceeding the cap. (See Section 6, Line 5 of the Guidance for information on carry-over of unspent planning and administration expenses.)

**(6) Expanded Formula Area - Verification of Substantial Housing Services** (24 CFR § 1000.302(3)) *If your tribe has an expanded formula area (i.e., an area that was justified based on housing services provided rather than the list of areas defined in 24 CFR § 1000.302 Formula Area (1)), the tribe must demonstrate that it is continuing to provide substantial housing services to that expanded formula area. Does the tribe have an expanded formula area?*

Yes ☐ No ☒ If no, proceed to Section 7.

If yes, list each separate geographic area that has been added to the Tribe's formula area and the documented number of Tribal members residing there.

For each separate formula area expansion, list the budgeted amount of IHBG and other funds to be provided to all American Indian and Alaska Native (AIAN) households and to only those AIAN households with incomes 80% of median income or lower during the recipient's 12-month program year:

Total Expenditures on Affordable Housing Activities for:		
	All AIAN Households	AIAN Households with Incomes 80% or Less of Median Income
IHBG Funds:		
Funds from Other Sources:		

**(7) APR:** If answered "Yes" in Line 6, for each separate formula area, list the actual amount of IHBG and other funds expended for all AIAN households and for only AIAN households with incomes 80% of median income or lower during the recipient's 12-month program year.

Total Expenditures on Affordable Housing Activities for:		
	All AIAN Households	AIAN Households with Incomes 80% or Less of Median Income
IHBG Funds:		
Funds from Other Sources:		

## SECTION 7: INDIAN HOUSING PLAN CERTIFICATION OF COMPLIANCE

NAHASDA § 102(b)(2)(D)

By signing the IHP, you certify that you have all required policies and procedures in place in order to operate any planned IHBG programs.

**(1) In accordance with applicable statutes, the recipient certifies that:**

It will comply with Title II of the Civil Rights Act of 1968 in carrying out this Act, to the extent that such title is applicable, and other applicable federal statutes.

Yes ☒ No ☐

**(2) In accordance with 24 CFR 1000.328, the recipient receiving less than \$200,000 under FCAS certifies that:**

There are households within its jurisdiction at or below 80 percent of median income.

Yes ☐ No ☐ Not Applicable ☒

**(3) The following certifications will only apply where applicable based on program activities.**

a. It will maintain adequate insurance coverage for housing units that are owned and operated or assisted with grant amounts provided under NAHASDA, in compliance with such requirements as may be established by HUD;

Yes ☒ No ☐ Not Applicable ☒

b. Policies are in effect and are available for review by HUD and the public governing the eligibility, admission, and occupancy of families for housing assisted with grant amounts provided under NAHASDA;

Yes ☒ No ☐ Not Applicable ☒

c. Policies are in effect and are available for review by HUD and the public governing rents charged, including the methods by which such rents or homebuyer payments are determined, for housing assisted with grant amounts provided under NAHASDA; and

Yes ☒ No ☐ Not Applicable ☒

d. Policies are in effect and are available for review by HUD and the public governing the management and maintenance of housing assisted with grant amounts provided under NAHASDA.

Yes ☒ No ☐ Not Applicable ☒

## SECTION 8: IHP TRIBAL CERTIFICATION

NAHASDA § 102(c)

This certification is used when a Tribally Designated Housing Entity (TDHE) prepares the IHP or IHP amendment on behalf of the Tribe. This certification must be executed by the recognized tribal government covered under the IHP.

(1) The recognized tribal government of the grant beneficiary certifies that:

(2) ☐ It had an opportunity to review the IHP or IHP amendment and has authorized the submission of the IHP by the TDHE; or

(3) ☐ It has delegated to such TDHE the authority to submit an IHP or IHP amendment on behalf of the Tribe without prior review by the Tribe.

(4) Tribe:	Ninilchik Village Tribe
(5) Authorized Official's Name and Title:	Richard G. Encelewski / President
(6) Authorized Official's Signature:	
(7) Date (MM/DD/YYYY):	

## SECTION 9: TRIBAL WAGE RATE CERTIFICATION

NAHASDA §§ 102(b)(2)(D)(vi), 104(b)

By signing the IHP, you certify whether you will use tribally determined wages, Davis-Bacon wages, or HUD determined wages. Check only the applicable box below.

- (1) ☒ You will use tribally determined wage rates when required for IHBG-assisted construction or maintenance activities. The Tribe has appropriate laws and regulations in place in order for it to determine and distribute prevailing wages.
- (2) ☐ You will use Davis-Bacon or HUD determined wage rates when required for IHBG-assisted construction or maintenance activities.
- (3) ☐ You will use Davis-Bacon and/or HUD determined wage rates when required for IHBG-assisted construction except for the activities described below.

(4) List the activities using tribally determined wage rates:

Under Ninilchik Tribal Council's, Resolution 2003-28- The Tribe shall establish Prevailing Wages on Contracts with the Ninilchik Indian Housing Program for all construction projects. Which at this time are: Home Construction (HC-) & Rehab (RH-)

## SECTION 10: SELF-MONITORING

NAHASDA § 403(b), 24 CFR §§ 1000.26, 85.37, 85.40

(1) Do you have a procedure and/or policy for self-monitoring?

Yes ☒ No ☐

(2) Pursuant to 24 CFR § 1000.502(b) where the recipient is a TDHE, did the TDHE provide periodic progress reports including the self-monitoring report, Annual Performance Report, and audit reports to the Tribe?

Yes ☐ No ☐ Not Applicable ☒

(3) Did you conduct self-monitoring, including monitoring sub-recipients?

Yes ☒ No ☐

**(4) Self-Monitoring Results.** *(Describe the results of the monitoring activities, including inspections for this program year.):*

No issues were identified

## SECTION 11: INSPECTIONS

NAHASDA § 403(b)

(1) Inspection of Units (Use the table below to record the results of recurring inspections of assisted housing.)

Activity		Results of Inspections			
		Total Number of Units (Inventory)	Units in standard condition	Units needing rehabilitation	Units needing to be replaced
(a)		(b)	(c)	(d)	(e)
<b>1</b>	<b>1937 Housing Act Units:</b>				
	a. Rental				0
	b. Homeownership				0
	c. Other				0
<b>1937 Act Subtotal</b>		0	0	0	0
<b>2</b>	<b>NAHASDA assisted units:</b>				
	a. Rental	2	2	0	2
	b. Homeownership	13	13	0	13
	c. Rental Assistance	0	0	0	0
	d. Other	0	0	0	0
<b>NAHASDA Subtotal</b>		15	15	0	15
<b>Total</b>		15	15	0	15

(2) Did you comply with your inspection policy:

Yes ☒ No ☐

(3) If no, why not:



## SECTION 12: AUDITS

24 CFR § 1000.544

This section is used to indicate whether an Office of Management and Budget Circular A-133 audit is required, based on a review of your financial records.

Did you expend \$500,000 or more in total Federal awards during the APR reporting period?

Yes ☒ No ☐

If Yes, an audit is required to be submitted to the Federal Audit Clearinghouse and your Area Office of Native American Programs.

If No, an audit is not required.

## SECTION 13: PUBLIC AVAILABILITY

NAHASDA § 408, 24 CFR § 1000.518

(1) Did you make this APR available to the citizens in your jurisdiction before it was submitted to HUD (24 CFR § 1000.518)?

Yes ☒ No ☐

(2) If you are a TDHE, did you submit this APR to the Tribe(s) (24 CFR § 1000.512)?

Yes ☐ No ☐ Not Applicable ☒

(3) If you answered "No" to question #1 and/or #2, provide an explanation as to why not and indicate when you will do so.

(4) Summarize any comments received from the Tribe(s) and/or the citizens (NAHASDA § 404(d)).

No Comments Received

## SECTION 14: JOBS SUPPORTED BY NAHASDA

NAHASDA § 404(b)

Use the table below to record the number of jobs supported with IHBG funds each year.

Indian Housing Block Grant Assistance (IHBG)	
(1) Number of Permanent Jobs Supported	1
(2) Number of Temporary Jobs Supported	28

### (3) Narrative (optional):

1 fulltime NAHASDA Staff

#### Temporary Jobs:

6 Office Staff needed to facilitate the Housing Programs, Exec Director, Deputy CEO, Procurement, Finance, Front Desk, IT Systems Adm.

1 Engineer

1 Building Inspector

Construction staff: approximately 20 between two Rehab and two New Construction projects

## SECTION 15: IHP WAIVER REQUESTS

NAHASDA § 101(b)(2)

THIS SECTION IS ONLY REQUIRED IF THE RECIPIENT IS REQUESTING A WAIVER OF AN IHP SECTION OR A WAIVER OF THE IHP SUBMISSION DUE DATE.

A waiver is valid for a period not to exceed 90 days. Fill out the form below if you are requesting a waiver of one or more sections of the IHP. **NOTE:** This is NOT a waiver of the IHBG program requirements but rather a request to waive some of the IHP submission items.

(1) List below the sections of the IHP where you are requesting a waiver and/or a waiver of the IHP due date.

*(List the requested waiver sections by name and section number):*

NA

(2) Describe the reasons that you are requesting this waiver *(Describe completely why you are unable to complete a particular section of the IHP or could not submit the IHP by the required due date.):*

NA

(3) Describe the actions you will take in order to ensure that you are able to submit a complete IHP in the future and/or submit the IHP by the required due date. *(This section should completely describe the procedural, staffing or technical corrections that you will make in order to submit a complete IHP in the future and/or submit the IHP by the required due date.):*

NA

(4) Recipient:	NA
(5) Authorized Official's Name and Title:	NA
(6) Authorized Official's Signature:	NA
(7) Date (MM/DD/YYYY):	NA

## SECTION 16: IHP AMENDMENTS

24 CFR §1000.512

**Use this section for IHP amendments only.**

### Planning and Reporting Program Year Activities

Fill out the text below to summarize your IHP amendment. This amendment is only required to be submitted to the HUD Area Office of Native American Programs when (1) the recipient is adding a new activity that was not described in the current One-Year Plan that has been determined to be in compliance by HUD or (2) to reduce the amount of funding that was previously budgeted for the operation and maintenance of 1937 Act housing under NAHASDA § 202(1). All other amendments will be reflected in the APR and do not need to be submitted to HUD.

#### NOTES:

- (1) If Line 2 in Section 8 (IHP Tribal Certification) is checked in the current IHP, a new certification must be signed and dated by the authorized tribal official and submitted with the IHP Amendment.
- (2) Section 1 (Cover Page) is recommended but not required with an IHP Amendment submission.

Eligible Activity	Output Measure	Output Completion
(1) Modernization of 1937 Act Housing [202(1)]	Units	All work completed and unit passed final inspection
(2) Operation of 1937 Act Housing [202(1)]	Units	Number of units in inventory at Program Year End (PYE)
(3) Acquisition of Rental Housing [202(2)]	Units	When recipient takes title to the unit
(4) Construction of Rental Housing [202(2)]	Units	All work completed and unit passed final inspection
(5) Rehabilitation of Rental Housing [202(2)]	Units	All work completed and unit passed final inspection
(6) Acquisition of Land for Rental Housing Development [202(2)]	Acres	When recipient takes title to the land
(7) Development of Emergency Shelters [202(2)]	Households	Number of households served at any one time, based on capacity of the shelter
(8) Conversion of Other Structures to Affordable Housing [202(2)]	Units	All work completed and unit passed final inspection
(9) Other Rental Housing Development [202(2)]	Units	All work completed and unit passed final inspection
(10) Acquisition of Land for Homebuyer Unit Development [202(2)]	Acres	When recipient takes title to the land
(11) New Construction of Homebuyer Units [202(2)]	Units	All work completed and unit passed final inspection
(12) Acquisition of Homebuyer Units [202(2)]	Units	When recipient takes title to the unit
(13) Down Payment/Closing Cost Assistance [202(2)]	Units	When binding commitment signed
(14) Lending Subsidies for Homebuyers (Loan) [202(2)]	Units	When binding commitment signed

(15) Other Homebuyer Assistance Activities [202(2)]	Units	When binding commitment signed
(16) Rehabilitation Assistance to Existing Homeowners [202(2)]	Units	All work completed and unit passed final inspection
(17) Tenant Based Rental Assistance [202(3)]	Households	Count each household once per year
(18) Other Housing Service [202(3)]	Households	Count each household once per year
(19) Housing Management Services [202(4)]	Households	Count each household once per year
(20) Operation and Maintenance of NAHASDA-Assisted Units [202(4)]	Units	Number of units in inventory at PYE
(21) Crime Prevention and Safety [202(5)]	Dollars	Dollars spent (report in Uses of Funding Table only)
(22) Model Activities [202(6)]	Dollars	Dollars spent (report in Uses of Funding Table only)
(23) Self-Determination Program [231-235]		
Acquisition	Units	When recipient takes title to the unit
Construction	Units	All work completed and unit passed final inspection
Rehabilitation	Units	All work completed and unit passed final inspection
Infrastructure	Dollars	Dollars spent (report in Uses of Funding Table only)
(24) Infrastructure to Support Housing [202(2)]	Dollars	Dollars spent (report in Uses of Funding Table only)
(25) Reserve Accounts [202(9)]	N/A	N/A

## APR: REPORTING ON PROGRAM YEAR PROGRESS (NAHASDA § 404(b))

Complete the shaded section of text below to describe your completed program tasks and actual results. Only report on activities completed during the 12-month program year. Financial data should be presented using the same basis of accounting as the Schedule of Expenditures of Federal Awards (SEFA) in the annual OMB Circular A-133 audit. For unit accomplishments, only count units when the unit was completed and occupied during the year. For households, only count the household if it received the assistance during the previous 12-month program year.

<b>1. Program Name and Unique Identifier:</b>	
<b>2. Program Description</b> <i>(This should be the description of the planned program.):</i>	
<b>3. Eligible Activity Number</b> <i>(Select one activity from the Eligible Activity list. Do not combine homeownership and rental housing in one activity, so that when housing units are reported in the APR they are correctly identified as homeownership or rental.):</i>	
<b>4. Intended Outcome Number</b> <i>(Select one outcome from the Outcome list.):</i>	
<b>Describe Other Intended Outcome</b> <i>(Only if you selected "Other" above):</i>	
<b>5. Actual Outcome Number</b> <i>(In the APR identify the actual outcome from the Outcome list.):</i>	
<b>Describe Other Actual Outcome</b> <i>(Only if you selected "Other" in above):</i>	
<b>6. Who Will Be Assisted</b> <i>(Describe the types of households that will be assisted under the program. Please note: assistance made available to families whose incomes fall within 80 to 100 percent of the median should be included as a <u>separate</u> program within this section.):</i>	
<b>7. Types and Level of Assistance</b> <i>(Describe the types and the level of assistance that will be provided to each household, as applicable.):</i>	
<b>8. APR:</b> <i>Describe the accomplishments for the APR in the 12-month program year.</i>	
<b>9. Planned and Actual Outputs for 12-Month Program Year</b>	

Planned Number of <b>Units</b> to be Completed in Year Under this Program	Planned Number of <b>Households</b> To Be Served in Year Under this Program	Planned Number of <b>Acres</b> To Be Purchased in Year Under this Program
APR: Actual Number of <b>Units</b> Completed in Program Year	APR: Actual Number of <b>Households</b> Served in Program Year	APR: Actual Number of <b>Acres</b> Purchased in Program Year
10. APR: If the program is behind schedule, explain why. (24 CFR § 1000.512(b)(2))		



(11) Amended Sources of Funding (NAHASDA § 102(b)(2)(C)(i) and 404(b)) (Complete the **non-shaded** portions of the chart below to describe your estimated or anticipated sources of funding for the 12-month program year. **APR Actual Sources of Funding -- Please complete the shaded portions of the chart below to describe your actual funds received. Only report on funds actually received and under a grant agreement or other binding commitment during the 12-month program year.**)

SOURCE	IHP					APR					
	(A) Estimated amount on hand at beginning of program year	(B) Estimated amount to be received during 12-month program year	(C) Estimated total sources of funds (A+B)	(D) Estimated funds to be expended during 12-month program year	(E) Estimated unexpended funds remaining at end of program year (C-D)	(F) Actual amount on hand at beginning of program year	(G) Actual amount received during 12-month program year	(H) Actual total sources of funding (F+G)	(I) Actual funds expended during 12-month program year	(J) Actual unexpended funds remaining at end of 12-month program year (H - I)	(K) Actual unexpended funds obligated but not expended at end of 12-month program year
1. IHBG Funds			\$0		\$0			\$0		\$0	
2. IHBG Program Income			\$0		\$0			\$0		\$0	
3. Title VI			\$0		\$0			\$0		\$0	
4. Title VI Program Income			\$0		\$0			\$0		\$0	
5. 1937 Act Operating Reserves			\$0		\$0			\$0		\$0	
6. Carry Over 1937 Act Funds			\$0		\$0			\$0		\$0	
LEVERAGED FUNDS											
7. ICDBG Funds			\$0		\$0			\$0		\$0	
8. Other Federal Funds			\$0		\$0			\$0		\$0	
9. LIHTC			\$0		\$0			\$0		\$0	
10. Non-Federal Funds			\$0		\$0			\$0		\$0	
TOTAL	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

**TOTAL** Columns C & H, 2 through 10

\$0

\$0

**Notes:**

- For the IHP, fill in columns A, B, C, D, and E (non-shaded columns). For the APR, fill in columns F, G, H, I, J, and K (shaded columns).
- Total of Column D should match the total of Column N from the **Uses of Funding** table below.
- Total of Column I should match the **Total of Column Q** from the **Uses of Funding** table below.

**(12) Amended Uses of Funding** (NAHASDA § 102(b)(2)(C)(ii)) (Note that the budget should not exceed the total funds on hand and insert as many rows as needed to include all the programs identified in Section 3. **Actual expenditures in the APR section are for the 12-month program year.**)

PROGRAM NAME	IHP			APR		
	(L) Prior and current year IHBG (only) funds to be expended in 12-month program year	(M) Total all other funds to be expended in 12-month program year	(N) Total funds to be expended in 12-month program year (L+M)	(O) Total IHBG (only) funds expended in 12-month program year	(P) Total all other funds expended in 12-month program year	(Q) Total funds expended in 12-month program year (O+P)
			\$0			\$0
Planning and Administration			\$0			\$0
Loan repayment			\$0			\$0
<b>TOTAL</b>	\$0	\$0	\$0	\$0	\$0	\$0

**Notes:**

- Total of Column L cannot exceed the IHBG funds from Column C, Row 1 from the Estimated Sources of Funding table in Line 2 above.
- Total of Column M cannot exceed the total from Column C, Rows 2-10 from the Estimated Sources of Funding table in Line 2 above.
- Total of Column O cannot exceed total IHBG funds received in Column H, Row 1 from the Estimated Sources of Funding table in Line 2 above.
- Total of Column P cannot exceed total of Column H, Rows 2-10 of the Estimated Sources of Funding table in Line 2 above.
- Total of Column Q should equal total of Column I of the Estimated Sources of Funding table in Line 2 above.

<b>(13) Estimated Sources or Uses of Funding (NAHASDA § 102(b)(2)(C)).</b> <i>(Provide any additional information about the estimated sources or uses of funding, including leverage (if any). You must provide the relevant information for any planned loan repayment listed in the Uses of Funding table on the previous page. This planned loan repayment can be associated with Title VI or with private or tribal funding that is used for an eligible activity described in an IHP that has been determined to be in compliance by HUD. The text must describe which specific loan is planned to be repaid and the NAHASDA-eligible activity and program associated with this loan):</i>	
<b>(14) APR (NAHASDA § 404(b))</b> <i>(Enter any additional information about the actual sources or uses of funding, including leverage (if any). You must provide the relevant information for any actual loan repayment listed in the Uses of Funding table on the previous page. The text must describe which loan was repaid and the NAHASDA-eligible activity and program associated with this loan.):</i>	

<b>(15) Recipient:</b>	
<b>(16) Authorized Official's Name</b>	
<b>(17) Authorized Official's Signature:</b>	I certify that all other sections of the IHP approved on
	are accurate and reflect the activities planned.
<b>(18) Date (MM/DD/YYYY):</b>	

